STATE OF LOUISIANA
OFFICE OF CONSERVATION

APPLICATION FOR WELL STATUS DETERMINATION
(HORIZONTAL WELL)

SERIAL NO._____

FIELD_____

OPERATOR_____

WELL NAME & NO._____

APPLICATION DATE_____

AFFIDAVIT

STATE OF_____

PARISH (COUNTY) OF_____

BEFORE ME, the undersigned authority, duly commissioned and qualified within and for the State and Parish (County) aforesaid, personally came and appeared _____, who, being by me first duly sworn, deposed and said:

That he/she is the (Title)_____of (Applicant)_____, applicant for Serial No._____, and in that capacity he/she is requesting the Commissioner of Conservation of the State of Louisiana to determine the status of said well pursuant to Act 2 of the 1994 Regular Session (R.S. 47:633 et seq).

That the well commenced production on _____.
(Attach Form WH-1)

That the well is a horizontal well with the wellbore drilled laterally at an angle of at least 80 degrees to the vertical and with a horizontal displacement of at least 50 feet in the reservoir in which the well is completed for production, measured from the initial point of penetration into such reservoir. **(Attach directional survey and stratigraphic lateral wellbore projection)**

That the cost of completing the well to the commencement of production is $_____. **(Attach a detailed itemized statement supporting such figure)**

That on the basis of the documents submitted in this application, he/she has concluded that to the best of his/her information, knowledge and belief, the well in question qualifies as a Horizontal Well and that he/she has no knowledge of any other information which is inconsistent with his/her conclusion.

Signed _____

Subscribed in my presence and duly sworn to before me, this _____ day of _____, 19____.

_____
Notary Public

My commission expires _____

OFFICE OF CONSERVATION USE ONLY

☐ Approved Signed _____ Date _____

☐ Denied

Form STRP-HW
7-94